



# CITY OF TAMPA ALARM USER ANNUAL REGISTRATION FORM

**INSTRUCTIONS:** Complete this form and mail it to: Tampa Police Department,  
False Alarm Reduction Unit, 411 N. Franklin Street, Tampa, FL 33602.  
(Please type or print legibly).

**REGISTRATION NUMBER**

For additional information or if you have any questions, please call: 813/276-3295 or 276-3296

**TPD USE ONLY**

<b>ADDRESS WHERE THE ALARM IS LOCATED</b>			
Address:			Suite or apartment number:
<b>NAME OF BUSINESS OR HOMEOWNER</b>			
Business:		Homeowner:	
<b>TELEPHONE NUMBERS OF ALARM USER</b>			
Home Phone:	Work Phone:		Cellular or Pager:
<b>MAILING OR BILLING ADDRESS IF DIFFERENT THAN ABOVE</b>			
Name:		Address:	
<b>IF BUSINESS, RESPONSIBLE PERSON'S COMPLETE NAME, ADDRESS, AND TELEPHONE NUMBERS</b>			
Name:		Address:	
Home Phone:	Work Phone:		Cellular or Pager:
<b>LIST ANY DANGEROUS ITEMS INSIDE THE BUILDING</b> (i.e. firearms, other weapons secured or not, gas or irritant systems, etc.)			
<b>ALARM COMPANY INSTALLING THE SYSTEM</b>			
Name:	Address:		Telephone:
<b>ALARM COMPANY MONITORING THE SYSTEM IF DIFFERENT THAN ABOVE</b>			
Name:	Address:		Telephone:
<b>LIST PEOPLE TO CONTACT WHO WILL RESPOND IF YOU ARE NOT AVAILABLE</b>			
Name:	Home Phone:	Work Phone:	Cellular or Pager:
Name:	Home Phone:	Work Phone:	Cellular or Pager:
Name:	Home Phone:	Work Phone:	Cellular or Pager: